



STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR
THOMAS C. BOUSKA, SERVICE AREA MANAGER

November 21, 2013

Tina Christensen
1034 Simms Ave.
Council Bluffs, IA 51503

Dear Child Care Provider,

This letter is in regards to the October 29, 2013 compliance check of your Level B, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

- ☐ 110.4 No more children are in care than the rules for the specific category will allow.
- ☐ 110.5(1)a Numbers for each child's parent, physician, and a responsible person are accessible by the phone.
- ☐ 110.5(1)b All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.
- ☐ 110.5(1)j Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits.
- ☐ 110.5(1)j The plans shall clearly map building evacuation routes in case of fire, a safe place indoors in case of tornado, and flood shelter areas.
- ☐ 110.5(1)k Fire and tornado drills are practiced monthly and documentation kept.
- ☐ 110.5(1)n Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway.
- ☐ 110.5(1)n Each smoke detector is tested monthly, and a record is kept for inspection purposes.
- ☐ 110.5(1)o Nonsmoking signs posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone # for reporting complaints, and www.iowasmokefreeair.gov.
- ☐ 110.5(1)q All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites.

☐ 110.5(1)u The provider has written policies about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies. *Provider needs to update policies.*

Example:

For the protection of all of the children in my care as well as the health of your own child and my family, this is my sick policy. In order to protect the group as a whole, I ask that parents assist me by keeping sick children at home.

In the event that a child becomes sick the family will be notified and prompt pick up arrangements will be made.

If a child is sick, unable to play outdoors, and/or unable to participate in regular daily activities, alternate arrangements for care must be made.

Children with infectious illnesses cannot attend.

When child may not attend daycare

*Fever 99.9 degrees and higher
this includes the night before/morning of daycare ~ No fever for 24 hours without taking fever reducing medication. If you had to give your child medicine the night before then that still means they cannot come to daycare the next morning.*

Rash ~ unexplained rash ~ Consult doctor/Need a note stating your child is not contagious.

Vomiting or/and Diarrhea ~ All symptoms must be gone and no Vomiting or Diarrhea for 24 hours

Strep Throat ~ Consult doctor/Need a note. Child must be on antibiotics for 24 hours and be without a fever without medication for it.

Flu/Bronchitis/Pneumonia ~ Consult doctor/Need a note stating it is ok to come back to daycare. This usually takes about 2-3 days before they can come back to daycare. The child must be on antibiotics and no fever for at least 24 hours without taking fever reducing medication.

Ear Infection ~ Consult doctor/Need a note. Child must be on antibiotics and no fever for 24 hours before returning.

Conjunctivitis (red eyes with yellow discharge)/Pink Eye ~ consult doctor/Need a note. Child must be on eye drops/antibiotics for 24 hours.

Head Lice ~ Usually takes 24 hours to treat head and house ~ When all nits have been removed and child is cleared from the doctor. Need a note.

Common Cold Policy

Children suffering from a common cold will be assessed on an individual basis.

Factors of consideration include the developmental level of your child in congruence with my ability to limit the spread of germs.

The younger your child, the more difficult it is to keep the spread of germs down. For example: hand to face contact, mouthing of toys, uncontrolled nasal discharge, uncovered sneezing and coughing etc.

(Also when caring for an ill child, the ability to provide high quality care to all of the other children is jeopardized)

A child may return when he or she is free from symptoms and no longer infectious. The child should also be well enough to actively participate throughout the day. In any case of serious or unexplainable illness, a doctor's medical clearance may be required prior to admission back into care.

If you have any questions concerning this policy and whether your child should attend, please call me before bringing your child.

PLEASE BE COURTEOUS OF ALL CHILDREN IN MY PROGRAM, AND REFRAIN FROM BRINGING AN ILL CHILD UNTIL 24 HOURS HAVE PASSED SINCE ANY FEVER, VOMITING, DIARRHEA, OR ANY OTHER COMMUNICABLE SYMPTOMS HAVE OCCURRED.

☐ 110.5(1)v The provider has written policies about responding to health-related emergencies. *Provider needs to update policies:*

You should have a written policy outlining the procedures and actions you will take in the event of a health-related emergency. The policy should address the following:

- ◆ First aid measures
- ◆ Contacting emergency medical services
- ◆ Transporting of an ill or injured child
- ◆ Contacting parents
- ◆ Care for the other children in your care during the emergency

COMMENTS: Assistance with developing policies is available from your child care health consultant at your child care resource and referral agency.

☐ 110.5(1)w Injury report forms are maintained for any injury requiring first aid or medical care. The forms are completed on the date of occurrence, shared with parents and copies are in the child's file.

☐ **110.5(2) A provider file is maintained and contains:**

☐ 110.5(2)a A physician's signed statement of health and immunization status on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every two years.

☐ 110.5(2)b Certificates or training verification documentation for:

☐ 110.5(2)b Within the first three months of registration:

☐ 110.5(2)b Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. Certification will be maintained throughout period of registration. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.

☐ **110.5(2)c An individual file is maintained for each staff assistant and contains:**
Terri Vandermeck needs to complete background check and put on registration as assistant.

☐ 110.5(2)c A completed DHS Criminal History Record Check, form B, 595-1396

☐ 110.5(2)c A completed Request for Child Abuse Information, form 470-0643

☐ 110.5(2)c A physician's signed statement of health and immunization status at the time of employment and at least every two years thereafter.

☐ 110.5(2)c Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years.

☐ 110.5(4) The certificate of registration is displayed in a conspicuous place.

☐ **110.5(8) Children's Files**

☐ 110.5(8) An individual file is maintained for each child and updated annually or when there are changes. Each file contains:

☐ 110.5(8)a Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child and the parent's work address and telephone number.

☐ 110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency.

☐ 110.5(8)c A signed medical consent from the parent authorizing emergency treatment.

☐ 110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance.

Policy Example:

An example for policy handbook: Department of Iowa Policy states that before the first day of care the parent must complete an intake form and signed medical consent for each child attending. Within 30 days the parent must provide a physical signed by a physician and an updated immunization. Regardless of when children started attending (daycare name), every year by August 1 the parents must provide an updated physical and immunization to provider. Children who do not return the requested paperwork by due dates will not be able to attend (daycare name) until paperwork is returned. Failure to complete paperwork could result in losing a slot at (daycare name).

☐ 110.5(8)d For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian.

☐ 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually.

☐ 110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical.

☐ 110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.

☐ 110.5(8)g A signed and dated immunization certificate provided by the state department of public health.

☐ 110.5(8)h For each school-age child, record of a physical exam completed at the time of school enrollment or since.

☐ 110.5(8)i Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child.

☐ 110.5(8)j Injury report forms to document injuries requiring first aid or medical care.

110.9(1) SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME
CATEGORY "B"

☐ 110.9(1)a Not more than six preschool children present at any one time including infants.
Provider had 7 preschool children and was over numbers.

☐ 110.9(1)b Of these six children, not more than four children who are 24 months of age or younger are present at any one time.

☐ 110.9(1)b Of the four children under 24 months of age, no more than three may be 18 months of age or younger.

☐ 110.9(1)c Not more than four additional school-age children.

☐ 110.9(1)d Not more than two children who are receiving care on a part-time basis at any one time.

☐ 110.9(1)e Not more than 12 children present when the emergency school closing exception is in effect.

☐ 110.9(1)f When more than 8 children are present for more than two hours, a DHS-approved assistant at least 14 years old is present.

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. **Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.**

☒ Based on the items out of compliance listed above, you will be required to have a recheck or follow up visit to your home. This visit will occur after the 45 day time period has elapsed.

Please do not hesitate to contact me at DHS at (712) 328 - 5713 if you have any questions regarding this letter.

Sincerely,

Michelle Noddings
Social Worker II
mnoddin@dhs.state.ia.us
417 E. Kaneshville Blvd.
Council Bluffs, IA 51503
(712) 328 - 5713

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 1-800-945-9778.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html and you can sign up for training at <https://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).

